First United Church of Christ

Expense Reimbursement Form

Submitted By: _____ **Submission Date:** _____

Purpose for Purchase: _____

Account Category: _____ ***(usually "Budget Line Item")***

Date	Description	Amount
	Total Amount Due:	

Signature (Submitter): _____ **Date:** _____

Committee Chair Signature: _____ **Date:** _____

Orignal Receipts should be attached to this Reimbursement Form